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ABSTRACT

This paper describes the use of various coping strategies of mothers of adult children with mental retardation, and examines whether there is a relation between specific styles of coping and maternal characteristics and personal well-being. A group of 349 mothers completed the "Coping Orientations to Problems Experienced" scale. On average, mothers relied on about six different coping strategies. The most commonly relied upon strategies were ones that required faith (either in themselves or in their religion) or an ability to extract meaning from their difficult experiences. Three quarters of the mothers relied on strategies that required establishing a plan of action, about two-thirds relied on engaging in concrete activities about the situation, and about half relied on tuning out competing activities in order to concentrate on the stressful event. Nearly half were able to restrain themselves from acting precipitously and most were able to turn to others for instrumental or emotional support. The least commonly used strategies were focusing on and venting emotion, mental disengagement, and behavioral disengagement. Four coping types were defined: constructive copers, maladaptive copers, intense copers, and varied copers. Mothers who were constructive copers or varied copers had lower parenting stress, lower burden of care, and higher life satisfaction than other mothers. (JDD)

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COPING STYLES AMONG MOTHERS OF ADULTS WITH MENTAL RETARDATION

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AAMR Presentation

Introduction

As Marsha has just described, less than a quarter of the mothers in our study perceived their aging as having negative impacts on their lives, and only about a third felt their health was on the decline. As was also noted earlier, overall, these mothers were a very resilient group with respect to their self-rated health status, level of parenting and caregiving stress, and general life satisfaction.

We are intrigued by this portrait of a generally well-functioning cohort of mothers and have wondered whether their persistence as parents can be attributed to how they react or adapt to stressful situations. On the one hand, one could hypothesize that these mothers have "survived" because they are able to deny the difficulty of their circumstances. If this is the case, their coping strategies might be characterized by denial or disengagement. On the other hand, one could hypothesize that they have "prevailed" because they are doers, able to meet life's challenges with positive, constructive responses.

The purpose of this presentation is to describe what we have learned thus far about the use of different coping strategies by these mothers. First, I'll describe the coping strategies they, as a group, most commonly and least often used. Second, we

examined whether there is a relation between specific styles of coping and maternal characteristics and personal well-being.

The measurement of coping

First let me describe the instrument we used to measure coping. Mothers completed the 52 item Coping Orientations to Problems Experienced (COPE) scale by Carver, Scheier, and Weintraub. The COPE is a multidimensional inventory that assesses the different ways in which people respond to stressful events. Its development is based on the Lazarus model of stress and a model of behavioral self-regulation. Each of the 52 items is rated on a four point scale, where a low score of one indicates that the mother "usually doesn't do this at all" and the highest score of four indicated that the mother "usually does this a lot."

Thirteen subscales can be extracted from the total item pool, with each subscale consisting of the sum of its four items, yielding a total subscale score that can range between 4 and 16. On your first handout, we've listed the 13 subscales and a sample item from each. As you can see, this measure is multidimensional, includes strategies that are generally considered to be both adaptive and maladaptive, and covers the most commonly identified ways in which people respond to or cope with stressful events. In our study, the mothers were given the following instruction prior to completing the instrument:

"WE ARE INTERESTED IN HOW PEOPLE RESPOND WHEN THEY CONFRONT DIFFICULT OR STRESSFUL EVENTS IN THEIR LIVES. THE FOLLOWING

QUESTIONS ASK YOU TO INDICATE WHAT YOU GENERALLY DO AND FEEL, WHEN YOU EXPERIENCE STRESSFUL EVENTS."

Thus, our goal was to identify the use of general coping styles within the mothers.

I should note that we did test the internal reliability of the 13 scales, and obtained reliability coefficients that were comparable to those reported by the scale's developers and within the acceptable range, for the most part.

Most and least commonly used coping strategies

Because most people use all of the strategies covered in this instrument to some extent, we wanted to identify the strategies on which mothers tended to rely, rather than just use occasionally. We defined "reliance" on a particular strategy as scoring at least 11 out of a possible 16 on the subscale. You'll recall that 16 was the highest possible score for a subscale, indicating that the respondent does each of the four items for the subscale "usually a lot". We chose 11 as a demarcation point because it separated those who did most of the items "a lot" from those who used the strategies only occasionally or not at all.

First, we found that on average, mothers relied on almost 6 different coping strategies--indicating that these mothers had a variety of strategies for dealing with stressful situations.

Second, as you can see on your third handout, more than 8 out of 10 mothers relied on acceptance (that is to say, recognizing a stressful situation as real rather than as

something to be denied) and on positively reinterpreting stressful events, or on construing a stressful event in positive terms. Over three-quarters relied on their religious beliefs. Thus, the most commonly relied upon strategies were ones that required faith (either in themselves or in their religion), or an ability to extract meaning from their difficult experiences.

The least commonly used strategies were focusing on and venting emotion (relied upon by slightly less than a quarter of the mothers), mental disengagement (relied on by about one in ten), denial (5%), and behavioral disengagement (4%). Most theories of coping categorize these strategies as maladaptive, in that they thwart active coping responses. Our results suggest that these mothers did not characterize themselves as relying heavily upon maladaptive coping strategies that allowed them either to "tune out" from stressful events or to engage in highly emotional displays.

A middle band of coping strategies was also identified that are typically considered to be constructive, adaptive strategies. Three-quarters of the mothers (76%) relied on strategies that required establishing a plan of action, about two-thirds (65%) relied on engaging in concrete activities tailored to "doing something" about the situation, and about half (50%) relied on tuning out competing activities in order to concentrate on the stressful event. Nearly half (49%) were able to restrain themselves from acting precipitously and most were able to turn to others for instrumental (48%) or emotional (40%) support to

cope with difficult events.

Thus, the portrait that emerges from these results is a cohort of "skilled" copers. They tend to rely on patience, faith, planful activity, and their social support networks to help them deal with difficulties. They also seem to value learning from stressful events and using them as a source of personal growth. Simply tuning out and/or venting were not commonly used strategies within this sample.

What is relation between coping styles and the mothers' and families' characteristics and personal well-being?

Next, I'd like to discuss the results from our analysis of the relation between coping styles and maternal well-being. For this analysis, we used the mothers' scores on 8 of the 13 subscales to define four general coping styles. Our goal was to distinguish between mothers who relied on positive and constructive coping strategies and to compare them with mothers who relied on maladaptive coping strategies. Four of the subscales we used to construct the groups reflected positive, adaptive coping strategies that were highly intercorrelated: active coping, planning, suppression of competing activities, and positive reinterpretation and growth. The other four subscales reflected maladaptive or avoidance strategies, which were also highly intercorrelated: focusing and venting emotion, denial, mental disengagement and behavioral disengagement. The four groups defined from scores on these 8 subscales were:

Constructive copers: This group consists of 90 mothers who had high scores on each of the four adaptive coping strategies, namely active coping, planning, suppression of competing activities, and positive reinterpretation and growth. They also had low scores on the maladaptive strategies.

Maladaptive copers: This group consists of 64 mothers who had high scores on the four problematic coping strategies: focusing and venting emotions, denial, mental disengagement, and behavioral disengagement. They also had low scores on the constructive coping strategies.

Intense copers: We found that there was a small group of 36 mothers who met the criteria for the "constructive copers" group and for the "maladaptive copers" group. We labeled these mothers intense copers, in recognition of their reliance on multiple and diverse (and one could say, somewhat contradictory) coping strategies.

Varied copers: The fourth group consisted of mothers who did not rely (according to our empirical definition) on either constructive or maladaptive strategies. This was the largest group, consisting of 159 mothers who used a variety of strategies, with basically moderate levels of intensity.

Returning now to the issue of the relation between coping styles and maternal well-being, we found considerable evidence that how a mother copes is associated with how she feels about herself and her caregiving experiences, as shown in your fourth handout. Specifically, mothers who were constructive copers or

who were varied copers had significantly lower parenting stress, lower burden of care, and higher life satisfaction than mothers who were maladaptive or intense copers. Mothers with constructive styles of coping and with varied styles of coping also enjoyed other distinctions. They were the most advantaged economically and they reported the highest levels of family cohesion and expressiveness. They also subscribed more frequently to intellectual/cultural values within their families.

In contrast, maladaptive copers and intense copers had the highest parenting stress, highest levels of caretaking burden, and lowest life satisfaction. They were also the least advantaged economically, and were most likely to report problems with their health.

Thus, we concluded that maternal well-being was associated with coping styles. Mothers under pressure--from caregiving stress, poor morale, lower economic resources--used coping strategies that reflected their vulnerable status. Mothers who felt more positively about their lives and their caregiving roles used coping strategies that were more planful, active, and personally rewarding.

Summary Comments

What conclusions can be drawn from these analyses of coping styles among older mothers of adults with retardation at home? First, we are struck by the "high quality" of their coping skills--their reliance on planful, focused, restrained, and

growth promoting approaches to problematic situations. However, we cannot say whether these constructive strategies are attributable to their comparatively atypical parenting careers or are perhaps typical of older women, or even older men and women, in the general population. Nevertheless, two facts stand out: these mothers use a range of strategies, and the ones they tend to rely on require their engagement with life's problems. These facts suggests that their atypical parenting careers have not resulted in a diminished or unwilling capacity to cope with new problems. In this sense, we see our results as supporting the view that these mothers have prevailed in their later-lives.

Second, the relation between their coping styles and our indices of maternal well-being suggest that pockets of vulnerable mothers do, indeed, exist within our sample. The intense and maladaptive copers were clearly struggling with their parenting roles and their basic satisfaction with their lives. In contrast, we found that constructive and varied copers were more satisfied with their lives, less stressed by their parenting and caregiving roles, and saw their families as having more positive emotional qualities. Clearly, more research is needed to disentangle the causal relations among these dimensions. Whether constructive coping skills contribute to or are a result of positive adaptations to stressful events cannot be determined by this study, but surely warrants investigation.

I'd like to conclude with a quote from a mother in our study who described how she coped initially with the experience of

disability. Her comments vividly portray what constructive coping means:

"The first two years (1943-45) were bleak, with institutional placement the recommendation of professionals. How did we cope? Well, first we founded a parents' group. Then we helped to establish a special kindergarten class and turned it over to the school board. Also, we worked to develop our local sheltered workshop and most recently, we promoted the infant stimulation program for young families. The best way to cope is to join with other parents early on, learn together, and then you can help to provide the best possible future for all retarded children."

Thank you.

Sample Items from Subscales of
the COPE

Subscale	Item
Active coping	*I take direct action to get around the problem.*
Planning	*I think about how I might best handle the problem.*
Suppression of competing activities	*I focus on dealing with this problem, and if necessary let other things slide a little.*
Positive reinterpretation and growth	*I look for something good in what is happening.*
Acceptance	*I accept the reality of the fact that it happened.*
Seeking social support: Instrumental	*I talk to someone to find out more about the situation.*
Seeking social support: Emotional	*I discuss my feelings with someone.*
Restraint coping	*I force myself to wait for the right time to do something.*
Turning to religion	*I try to find comfort in my religion.*
Focus on and venting emotion	*I feel a lot of emotional distress and I find myself expressing those feelings a lot.*
Denial	*I refuse to believe that it has happened.*
Behavioral disengagement	*I admit to myself that I can't deal with it, and quit trying.*
Mental disengagement	*I turn to work or other substitute activities to take my mind off things.*

CRONBACH RELIABILITY COEFFICIENTS
FOR *COPE* SUBSCALES

Subscale	Aging Families Study (n=386)	Carver, Scheier, & Weintraub Study (n=978)
Active coping	.69	.62
Planning	.76	.80
Suppression of competing activities	.69	.68
Positive reinterpretation and growth	.71	.68
Acceptance	.69	.65
Seeking social support: Instrumental	.79	.75
Seeking social support: Emotional	.84	.85
Restraint coping	.59	.72
Turning to religion	.90	.92
Focus on and venting emotion	.76	.77
Denial	.67	.71
Behavioral disengagement	.60	.63
Mental disengagement	.41	.45

RELIANCE ON COPING STRATEGIES

Most commonly used	%
Acceptance	82.7
Positive reinterpretation and growth	81.2
Turning to religion	77.7
Frequently used	
Planning	75.6
Active coping	64.7
Suppression of competing activities	49.7
Restraint coping	49.4
Seeking social support: instrumental	47.8
Seeking social support: emotional	40.3
Least commonly used	
Focus on & venting emotion	23.3
Mental disengagement	11.5
Denial	4.8
Behavioral disengagement	4.3

FOUR TYPES OF COPING STYLES

Constructive copers (n=90)

Active coping
Planning
Suppression of competing activities
Positive reinforcement

Maladaptive copers (n=64)

Focusing and venting emotions
Denial
Mental disengagement
Behavioral disengagement

Intense copers (n=36)

Active coping
Planning
Suppression of competing activities
Positive reinterpretation and growth
Focusing and venting emotions
Denial
Mental disengagement
Behavioral disengagement

Varied copers (n=159)

Did not have high scores on above strategies

COPING STYLES AND MATERNAL WELL-BEING, FAMILY CHARACTERISTICS, AND FAMILY ENVIRONMENT

Maternal Well-Being	Constructive Copers (n=90)	Maladaptive Copers (n=64)	Intense Copers (n=36)	Varied Copers (n=159)	F
Stress	14.8	18.4	19.0	14.3	5.73***
Burden of care	27.7	32.6	34.3	28.5	16.07***
Life satisfaction	14.4	11.3	10.9	14.5	16.98***
Family Characteristics					
Income	$30,935	23,217	21,962	28,788	6.62***
Mother's health	3.0	2.5	2.7	2.9	4.93**
Family Environment					
Cohesion	8.1	7.2	7.6	7.9	4.69**
Expressiveness	6.4	5.1	4.5	5.7	11.11***
Achievement	5.4	5.7	6.0	5.1	3.54*
Intellectual/Cultural	6.7	5.5	5.5	6.0	5.11***